

**Important:** Use Ball Point Pen or Typewriter

Employee full name		Employee social security number
Date of birth / /	Date of hire / /	State agency

**Designation of Beneficiary**

This form applies to the State of Idaho Group Term Life Insurance Plan. The following designated beneficiaries will be in force until revoked by me with a new form. **If more than one primary or contingent beneficiary, payment will be made in equal shares or to the survivors in equal shares unless otherwise stated below.**

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to said company.

**Basic Life***Primary Beneficiary Designation*

Beneficiary full name(s)	Relationship	Share %

**In the event said primary beneficiary(ies) predecease me, I designate as contingent beneficiary(ies):**

*Contingent Beneficiary Designation*

Beneficiary full name(s)	Relationship	Share %

**Supplemental Life**

- ☐ I hereby certify that I have been given the opportunity to apply and wish to purchase additional supplemental life insurance and authorize payroll deductions for premiums for the supplemental life insurance in an amount equal to 100% of my salary.
- ☐ I hereby certify that I have been given the opportunity to apply and purchase additional supplemental life and hereby waive my right to purchase such additional supplemental life insurance.

*Primary Beneficiary Designation*

Beneficiary full name(s)	Relationship	Share %

**In the event said primary beneficiary(ies) predecease me, I designate as contingent beneficiary(ies):**

*Contingent Beneficiary Designation*

Beneficiary full name(s)	Relationship	Share %

**Signatures Necessary to Process**

Employee full signature	Date signed / /
Signature of witness (cannot be same as beneficiary)	Date signed / /
If you are designating a beneficiary other than your spouse and you reside in one of the following community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, or Washington (state), your spouse must also sign the beneficiary designation.	
Signature of spouse	Date signed / /

**Change of Member's Name**

Reason for change <input type="checkbox"/> marriage <input type="checkbox"/> divorce <input type="checkbox"/> court decree	Change my name from:
Date of marriage, divorce or decree / /	To:

**State Agency to Complete**

Date recorded / /	By
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Do not attempt to erase or make corrections; use a new form.

Original – agency payroll office      Make copy for employee

## INSTRUCTIONS FOR DESIGNATION OF BENEFICIARY

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Be sure to use given names such as "Mary M. Doe," not "Mrs. John Doe." The following sample designations may be helpful to you.

<u>Type of Beneficiary</u>	<u>Standard Wording</u>
1. insured's estate	my estate
2. one beneficiary	Anna L. Doe, wife
3. two beneficiaries	John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor
4. three or more beneficiaries	John A. Doe, father, and Mary I. Doe, mother, and Henry J. Doe, son, equally or to the survivors or survivor
5. one beneficiary and one contingent beneficiary	Anna L. Doe, wife, if living; otherwise, Henry J. Doe, son
6. one beneficiary and two contingent beneficiaries	Anna L. Doe, wife, if living; otherwise Henry J. Doe, son, and Alice G. Doe, daughter, equally or to the survivor
7. one beneficiary and three or more contingent beneficiaries	Anna L. Doe, wife, if living; otherwise Henry J. Doe, Alice G. Doe and Charles B. Doe, children, equally or to the survivors or survivor
8. two beneficiaries and one contingent beneficiary	John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor, if living; otherwise, Anna L. Doe, wife
9. two beneficiaries in unequal portions	seventy-five percent (75%) of the proceeds to John A. Doe, father, if living, and twenty-five percent (25%) to Anna L. Doe, mother, if living, the share of a deceased beneficiary to be paid to the survivor, if any. Total must equal 100%.
10. trust with individual trustees	Richard Doe and John Smith, trustees, or a successor in trust under (trust name) established (date of trust agreement)
11. trust with corporate trustee	ABC Bank and Trust Company, Des Moines, Iowa, Trustee or successor in trust under (trust name) established (date of trust agreement)
12. testamentary trust	Trustee of the Mary I. Doe Trust or successor in trust established by the last will & testament of the insured dated (insert date of will)
13. minor beneficiary	When either the primary or contingent beneficiary designation includes one or more minor children, you need to complete an additional form. Beneficiary designation with UTMA custodian, see your employer for this form.